

JUL 11 2005

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Yosef Kassa

Firm: U.S. Patent and Trademark Office
Art Unit 2625

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: July 11 2005

Re: FLH Ref No.: 450117-03705
Serial No: 09/995,290

Number of Pages: 9
(including cover page)

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0029:707

PATENT
450117-03705IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Miguel Estevez et al.
 Serial No. : 09/995,290
 For : Method of Coding Artifacts Reduction
 Filed : November 26, 2001
 Examiner : Yusef Kassa
 Art Unit : 2625

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	17	Minus	** 32	* 0 x	\$50 (25)	- \$ (0)
Independent claims	3	Minus	*** = 4	* 0 x	\$200 (100)	= \$ (0)
Total additional fee for this amendment						\$ (0)

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via
 facsimile to 703-872-9306 on July 11, 2005

DeAndre Breezland
 (Name of Applicant, Assignee or Registered Representative)
[Signature]
 Signature
July 11, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:

Thomas F. Presson
 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

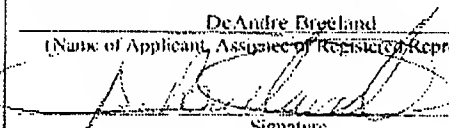
PATENT
450117-03705IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Miguel Estevez, et al.
Serial No. : 09/995,290
For : METHOD OF CODING ARTIFACTS
REDUCTION
Filed : November 26, 2001
Examiner : Yosef Kassa
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DeAndre Brageland (Name of Applicant, Assignee or Registered Representative)
 Signature
July 11, 2005 Date of Signature

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the telephone conversation of June 20, 2005 between the Examiner
and Applicants' attorney, please amend the above-captioned application as follows:

PATENT
450117-03705

The Listing of the Claims begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.